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DATE: August 18, 2008						
PTO IDENTIFIER: Application Number 10/542,726-Conf. #8366 Patent Number						
Inventor: Minoru Yoshida et al.						
MESSAGE TO: US Patent and Trademark Office						
FAX NUMBER: (571) 273-8300						
FROM: EDWARDS ANGELL PALMER & DODGE LLP						
James E. Armstrong, IV						
PHONE: (202) 478-7370						
Attorney Dkt. #: 80417(302760)						
PAGES (Including Cover Sheet):4						
CONTENTS: Revocation of Power of Attorney or Authorization of Agent (1 page) Statement By Assignee to Establish Ownership (37 CFR 3.73(b)) (1 page) Certificate of Transmission (1 page)						
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PTO/SB/97 (09-04)

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Application No. (if known): 10/542,726

Attorney Docket No.: 80417(302760)

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Revocation of Power of Attorney or Authorization of Agent (1 page) Statement By Assignee to Establish Ownership (37 CFR 3.73(b)) (1 page)

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Preciding ref(r) named below (if more than len pellant practitioners are to be named, then a customer number must be used):    Registration   Name	x Praci	litioners associated with the Cu	stomer Namber.	24074				
Norma Registration Name Registration Name Registration Name Registration Name Namber  Name Name Registration Name Registration Name Registration Name Registration Name  as attempted or spenicip to represent the undersigned before the United Sisters Patent and Traderant Office (USPTO) in consection with any and ad potent applications assigned only to the undersigned according to the USPTO essignment occurrence documents attended to the form in accordance with 37 CFR 3.73(b).  Phase change the correspondence address for the application Identified in the affactory statement under 37 CFR 3.73(b) for X The address associated with Customer Number:  21874    Pilm or	_ ∞			218/4	·		•	
Number  Number	Prect	itioner(s) named below (if more th	en pelant preci	ilioners are to be name	d, then	a customer numbe	er must be used):	
Acopy of this form, together with a statement under 37 CFR 3.73(b) (Form PFO/SB199 or equivalent) is required to be specification in the statement under 37 CFR 3.73(b) to:    X The address associated with Customer Number:   21874		Nama		N	Name			
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Acopy of this form, together with a statement under 37 CFR 3.73(b) (Form PFO/SB199 or equivalent) is required to be specification in the statement under 37 CFR 3.73(b) to:    X The address associated with Customer Number:   21874				A Francisco	4	DD 4		
The address associated with Customer Number:  21874  DR  Firm or Individual Name  BOWARDS ANGELL PALMER & DODGE LLP  Address P.O. Box 55874  Town Boston State MA Zip 02205  Country US Tetephone (202) 478-7370 Email jasmstrong@eapdlaw.com  Assignee Name and Address:  Kyodo Ky-Tac Corp.  24-12, Higashi 3-chome, Shibuya-ku Tokyo 150-0011, Japan  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form P70/88/98 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners application in which this Power of Attorney is to be filled.  Signature Assignment of Assignment of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignment of the supplication of Assignment of the assignment of the supplication of the assignment of Assignment of Assignment of The individual whose signature and title is supplied below is authorized to act on behalf of the assignment of the ass	any and all pat	ent applications assigned only to the	understance accom	ed Sieles Pakent and Tra ding to the USPTO esolgi	Manico Manico	DERCH (USEPTO) (h C Cords of 2021gnmen	g qocnwells culection with	
James E. Armstrong, IV   Individual Name   EDWARDS ANGELL PALMER & DODGE LLP	Please cha	nge the correspondence address	for the application	dentified in the allact	red stat	ement under 37 C	FR 3.73(b) lo:	
James E. Armsfrong, IV EDWARDS ANGELL PALMER & DODGE LLP Address P.O. Box 55874  The Boston State MA Zip 02205 Country US Telephone (202) 478-7370 Email jarmstrong@eapdlaw.com Assignee Name and Address:  Kyodo Ky-Tec Corp. 24-12, Higashi 3-chome, Shibuya-ku Tokyo 150-0011, Japan  A copy of this form, togather with a statement under 37 CFR 3.73(b) (Form PFC/SB198 or equivalent) is required to be filed in each application in which this form is used. The etatement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed prautitioner is estimated to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature Management table is supplied below is authorized to act on behalf of the assignee.  Signature Date Of /07/2008  Name YOSHIDA Minoru Telephone	X The	address associated with Custon	ner Number:	21874				
Individual Name   EDWARDS ANGELL PALMER & DODGE LLP   Address   P.O. Box 55874    The Boston   State   MA   Zip   02205   Country   US   Telephone   (202) 478-7370   Email   jarmstrong@eapdiaw.com   Assignee Name and Address:  Kyodo Ky-Tec Corp.   24-12, Higashi 3-chome, Shibuya-ku   Tokyo 150-0011, Japan   A copy of this form, togather with a statement under 37 CFR 3.73(b) (Form PTO/SB198 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) (may be completed by one of the practitioners appointed in this form if the appointed prantitioner is estimated to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature   Signature and title is supplied below is authorized to act on behalf of the assignee   Name   YOSHIDA Minoru   Telephone    Telephone   Te	OR		<u> </u>		)			
Address P.O. Box 55874  Thy Boston State MA Zip 02205  Country US Telephone (202) 478-7370 Email jarmstrong@eapdiaw.com  Assignee Name and Address:  Kyodo Ky-Tec Corp. 24-12, Higashi 3-chome, Shibuya-ku Tokyo 150-0011, Japan  Acopy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB198 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is eatherized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature Oate To 7 / 2008  Name YOSHIDA Minoru  Talephone	Firm or Individual			& DODGE LLP				
Assignee Name and Address:  Kyodo Ky-Tec Corp. 24-12, Higashi 3-chome, Shibuya-ku Tokyo 150-0011, Japan  A copy of this form, togather with a statement under 37 CFR 1.73(b) (Form PTO/SB/99 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 1.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is eatherized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature  Authority  Authority  Date  Tolephone  Telephone								
Assignee Name and Address:  Kyodo Ky-Tec Corp. 24-12, Higashi 3-chome, Shibuya-ku Tokyo 150-0011, Japan  A copy of this form, togather with a statement under 37 CFR 1.73(b) (Form PTO/SB/99 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 1.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is eatherized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature  Authority  Authority  Date  Tolephone  Telephone	City B	oslan	State	IMA	Zin	02205		
Kyodo Ky-Tec Carp.  24-12, Higashi 3-chame, Shibuya-ku Tokyo 150-0011, Japan  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be find in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is eatherized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  Signature Authority whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature Date 7/07/2008  Name YOSHIDA Minoru  Telephone							apdlaw.com	
24-12, Higashi 3-chome, Shibuya-ku Tokyo 150-0011, Japan  A copy of this form, togather with a statement under 37 CFR 3.73(b) (Form PTO/SBISS or equivalent) is required to be find in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed prautitioner is extracted to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  Signature of Record  The individual whose signature and this is supplied below is authorized to act on behalf of the assignee  Signature Joshuda Date 7/07/2008  Name YOSHIDA Minoru Telephone	Assignee Name and Address:							
24-12, Higashi 3-chome, Shibuya-ku Tokyo 150-0011, Japan  A copy of this form, togather with a statement under 37 CFR 3.73(b) (Form PTO/SBISS or equivalent) is required to be find in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed prautitioner is extracted to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  Signature of Record  The individual whose signature and this is supplied below is authorized to act on behalf of the assignee  Signature Joshuda Date 7/07/2008  Name YOSHIDA Minoru Telephone	Kyodo Ky	-Tec Corp.						
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Signature Minoru Joshida Date 07/07/2008 Name YOSHIDA Minoru Telephone	Signature of Assigner of Record							
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STATEMENT UNDER 37 CFR 3.73(b)						
Applicant/Patent Owner: Kyodo Ky-Tec Corp.						
Application No./Patent No.: 10/542,726	Filed/Issue Date: July 20, 2005					
Entitled: GREENING STRUCTURE						
Kyodo Ky-Tec Corp. , a (Name of Assignee) , Type of Assignee)	ssignee, e.g., corporation, partnership, university, government agency, etc.)					
states that it is:						
1. x the assignee of the entire right, title, and interest; or	or					
2. an assignee of less than the entire right, title and in	nterest.					
(The extent (by percentage) of its ownership intere	st is %)					
In the patent application/patent identified above by virtue of e	ither:					
A. An assignment from the inventor(s) of the patent approximate recorded in the United States Patent and Trade Frame 0054, or for which a copy there	mark Office at Reel017511,					
OR	soi is attached.					
B. A chain of title from the inventor(s), of the patent appassignee as follows:	olication/patent identified above, to the current					
1. From:	To:					
The document was recorded in the United Stat						
Reel, Frame	, or for which a copy thereof is attached.					
2. From:	To:					
The document was recorded in the United Stat	es Patent and Trademark Office at					
Reel, Frame	, or for which a copy thereof is attached.					
3. From:	To:					
The document was recorded in the United Stat						
Reel, Frame	, or for which a copy thereof is attached.					
Additional documents in the chain of title are listed on a supplemental sheet.						
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11. [NOTE: A separate copy ( <i>i.e.</i> , a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO.  See MPEP 302.08]						
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.						
James A mustrone	tug. 18, 2008					
Signature	/ Date					
Daniel El Avancione a 130	252-478-7370					
Printed or Typed Name	Telephone Number					
Authorized Signer for Assignee						
Title	<del></del>					